

OPEN CASE - YOUTH IN TRANSITION (YIT) FUNDING ELIGIBILITY CHECKLIST

This form is used to determine YIT eligibility. It does *not* replace FOM 950 policy. This form is *not* used for approval of specific YIT funding requests. It corresponds to the eligibility requirements in FOM 950 and must be completed, signed and added to the case record prior to authorization of any YIT funding.

Name (Last, First, M.I.):	D.O.B.	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	State:	Zip:	
Telephone Number:	Case Number:			

OPEN CASE YOUTH

All boxes must be marked "Yes" for youth to qualify

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the youth in foster care placement under the care and supervision of Michigan DHS, another state's child welfare agency, or a Tribe, after the 14 th birthday?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is currently between the ages of 14-20 (ineligible at the 21 st birthday)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is likely to remain in foster care until age 18
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	YIT funded services will correspond to the youth's ISP and/or USP and/or Child Assessment of Needs and Strengths (CANS) (DHS-146)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is placed in one of the following: <ul style="list-style-type: none">• Licensed foster family home• Relative provider home• Group home• Emergency shelters• Child care institution• Independent living or semi-independent living placement• Pre-adoptive home• Own home/parents

DOCUMENTATION

The following documentation and information is in the youth's case record:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial court order showing date entered care
<input type="checkbox"/> Yes <input type="checkbox"/> No	The requested services correspond to the USP/ISP/CANS

FINAL DETERMINATION

This youth has been determined YIT Eligible as an Open Case Youth: ☐ Yes ☐ No

SIGNATURES – (Verifies the final determination, review and completion of this form.)

Foster Care Worker – Signature	Date
Foster Care Worker – Print	Date
Foster Care Supervisor - Signature	Date
Foster Care Supervisor - Print	Date

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